ISSSA Advanced Training Conference SESSION OVERVIEW

Please print this document and complete. Then fax to 317-232-9121 along with the information listed below.

Name:_	
Title:_	
Teleph	one Number: ()
Mailing	g Address: Street
City	State Zip Code
Email A	Address:
Please	attach the following information to this document:
	Please attach Resume: Presenters who have not provided a resume cannot be paid per state policy.
	Presentation Title:
	Session Abstract:
	Session Goals/Objectives:
	Presenter Bio for Conference Program:
	Audio-Visual Needs (Please note you must provide your own laptop computer):
	Travel Needs/Lodging Needs:
	Preference of Presentation Date:
	Available to Repeat Session:
	Session Length (Standard session length is one hour or two hours):
for one choose require	rium: A standard honorarium is offered from the Indiana School Safety Specialist Academy at \$300 breakout session and \$500 for two breakout sessions. If you or the organization you represent to forgo this honorarium, please make notation. Please note the Vendor Information form is d by DOE one month prior to the presentation in order to provide payment. Payment may take 4-6 to process after the date of the presentation.
150. The least the pages,	ats: It is recommended to have handouts available for your session. The recommended number is the Indiana School Safety Specialist Academy will print handouts for speakers if they are received at the ree weeks prior to the presentation. Handouts for Academy reproduction must be limited to 10 larger handouts can be put on resource disk if received 4 weeks prior to the event. The recommended number is the indiana School Safety Specialist Academy will print handouts for speakers if they are received at ree weeks prior to the presentation.
Subm ISSSA	it Overview to:

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